

RECEIVED

SEP - 7 2018 *WB*

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

Michael T. Hughes
2613406050

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Dentist Kahn

1:18-cv-06138

Judge Virginia M. Kendall
Magistrate Judge Michael T. Mason
PC 9

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

AMENDED COMPLAINT

Original

m. A

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

Reviewed: 8/2013

I. Plaintiff(s):

A. Name: Michael T. Hughes

B. List all aliases: _____

C. Prisoner identification number: 20151106050

D. Place of present confinement: CCDoc

E. Address: 26th California Ave, Chicago IL

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

A. Defendant: Dentist Kehn
Title: Dentist
Place of Employment: CCDoc Div 8 RTU

B. Defendant: _____
Title: _____
Place of Employment: _____

C. Defendant: _____
Title: _____
Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

A. Name of case and docket number: Michael T. Hughes v. Tom Dart, Et AL # 1:18-cv-5582

B. Approximate date of filing lawsuit: August 14, 2018

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Michael T. Hughes

D. List all defendants: Tom Dart, Class. Lt. Lewis, Deputy Wolfe, Deputy E Remmick

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): U.S. District Court, N. District of ILL

F. Name of judge to whom case was assigned: Virginia M. Kendall

G. Basic claim made: Failure to protect through violation of constitutional violation

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Still Pending

I. Approximate date of disposition: August 14, 2018

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On March 2, 2018 I put in the appropriate medical slips to be seen by Day 8 RIU's Dentist Kahn because I was in a recent altercation where I was attacked by multiple detainees causing facial pain and injury to one of my teeth. I was in extreme pain because of this, so much so I was unable to sleep or do much of anything to find relief or comfort. I put in several medical slips expressing my particular situation, to no avail from the Cormack Staff. I was able to ascertain an appointment with a nurse to try to address the issue and was given a second "Emergency Dental Record" where if I have not been seen by the 10th day from then I was supposed to drop the "Emergency" form and be seen as priority. I didn't get seen ^{by} a dentist until weeks after the secondary slip and when I was seen I was put on an ineffective pain medication and antibiotics, which I was told that I had to do before I could be given any medical treatment for my medical issue. I was to do the regimen of pain medication and

for a week and came back and do the procedure to have my teeth extracted, I followed all the instructions and took all the medication as provided but when the week was over and the medication was depleted I was consequently rescheduled and pushed back. I did not see the dentist for about a month and a half past the initial complaint my appointments were cancelled twice without explanation. I suffered greatly because of this gross mishandling of medical care, but once I finally saw a Dentist (Kahn) my teeth was extracted without a problem or delay which is interesting because I was not on any antibiotics for about a month plus but this was no issue no for Dentist Kahn. The following is a list of claims of constitutional violations that Dentist Kahn has infringed where my rights are concerned?

- 1) Deliberate Indifference
- 2) Gross Medical Negligence
- 3) Inadequate medical care
- 4) Unnecessary and delay of serious medical care
- 5) Emotional pain and suffering because the pain was so serious I contemplated harming myself just to abate it.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I pray for the Honorable court to afford me
a due penalty and a fair wage, which should be
awarded in the sum of \$1 250,000 dollars

Thank you

VI. The plaintiff demands that the case be tried by a jury. YES NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this August day of 28, 2018

Michael Hughes
(Signature of plaintiff or plaintiffs)

Michael Hughes
(Print name)

20151106050
(I.D. Number)

26th California Ave
Chicago IL 60608
(Address)



COOK COUNTY SHERIFF'S OFFICE

(Oficina Del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE/APPEAL FORM

(Formulario de Queja del Preso/ Apelación)

CONTROL NUMBER

INMATE #

201803307

734260

INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE LAST NAME (Apellido del Preso):

Huckles

INMATE FIRST NAME (Primer Nombre):

Michael

ID Number (# de Identificación):

20151106050

GRIEVANCE ISSUE AS DETERMINED BY CRW:

050-Dental Treatment

IMMEDIATE CRW RESPONSE (if applicable):

CRW/ REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services):

Cermak Health Services

DATE REFERRED:

3/21/18

RESPONSE BY PERSONNEL HANDLING REFERRAL

Patient seen by dental on 3/21.

3 MAR 22

AM

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

3/21/18

THIS SECTION IS TO BE COMPLETED BY INMATE!

INMATE

INMATE SIGNATURE (Firma del Preso):

Michael H

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

3/26/18

INMATE

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

THIS SECTION IS TO BE COMPLETED BY INMATE!

- To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.
(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)
- Independent of the CCDOC procedure and after receiving an appeal decision, if you are dissatisfied with the outcome, you must submit the appeal grievance to the Illinois Department of Corrections, Jail and Detention Standards Unit, 1301 Concordia Court, P.O. Box 19277, Springfield Illinois 62794.
(De manera independiente del procedimiento del CCDOC, y tras recibir la resolución de una apelación, si no está satisfecho con el desenlace, debe enviar la queja de la apelación a Illinois Department of Corrections, Jail and Detention Standards Unit, 1301 Concordia Court, P.O. Box 19277, Springfield Illinois 62794.)

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso):

3/26/18

INMATE'S BASIS FOR AN APPEAL: (Base del preso para una apelación):

The 21st signifies the 16 days post
the secondary appointment where I was in pain

TO BE COMPLETED BY INMATE

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

Yes (Si) No

(Apelación del preso aceptada por el administrador o/su designado(a))

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decisión o recomendación por parte del administrador o/su designado(a))

He was seen by dental on 3/21 and has
been going to appointment. It had a adequate
pain med from before February and was taking them

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a)):

SIGNATURE (Firma del Administrador o/su Designado(a)):

DATE (Fecha):

4/5/18

ATE

THIS SECTION IS TO BE COMPLETED BY INMATE!

INMATE SIGNATURE (Firma del Preso):

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

4/9/18

INMATE

**COOK COUNTY SHERIFF'S OFFICE**

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

Emergency Grievance
 Grievance
 Non-Compliant Grievance

Cermak Health Services
 Superintendent: _____
 Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

Hughes

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (# de identificación del Preso)

2015106050

DIVISION (División):

8

LIVING UNIT (Unidad):

3-A

DATE (Fecha):

3/16/18

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grieved issue is not one of the following non-grievable matters: formulation of departmental policies, inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, harassment, voyeurism, or abuse. If the grievance includes an allegation of sexual assault, harassment, voyeurism, or abuse no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grieved issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grieved issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: formulación de reglas del departamento. Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, hostigamiento, voyeurismo, o abuso. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente)	REQUIRED - TIME OF INCIDENT (Horas del Incidente)	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente)	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado)
3/15/18	31 12:00pm	Dentist	Dental Department
<p>I took in a yellow slip 13 days ago about an ongoing dental issue that has caused me great pain for several days because of an alteration that occurred on tier 3-F, where I was physically assaulted causing facial injury and oral pain. I still am at this date and after putting in a Secondary Pink Slip I still have not been seen. The pain is still there increasing to the point to where I can't sleep. I still have not received any medical care for my dental issue.</p>			

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o preso que tengan información:)

Counselor records

INMATE SIGNATURE: (Firma del Preso):

Michael Hughes

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

(S. Davis) Mitchell

SIGNATURE:

M.D.

DATE CRW/PLATOON COUNSELOR RECEIVED:

3.15.18

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



CLERK DISTRICT COURT
U.S. DISTRICT COURT

Michael T. Hughes
2015106050
Div & RTU

P.O. Box 089002
Chicago ILL 60608



09/07/2018-25

1:18-cv-06138
Judge Virginia M. Kendall
Magistrate Judge Michael T. Mason
PC 9

Prisoner Correspondent

United States District Court

219 S. Dearborn Street
Chicago IL 60604